

OMICRON DELTA KAPPA MEMBERSHIP FORM

College/University _____ Cum. GPA _____
Grading System [] 3 [] 4
[] Other (specify) _____
Name _____
Last First Middle

Name (as desired on certificate if different from above) _____
No nicknames

Major _____ Class: Jr. Sr. Grad. St. Fac/Staff Honoris Causa Alumni
(Circle One)

Permanent Address/Home _____
Street/ Apt. No.
City/State/ZIP

Phone (_____) _____ Permanent E-mail Address _____

Other College/University Attended, Yrs. and Degrees _____

Initiation Date _____ Social Security No. ____/____/____ Birth Date _____ Gender: M F
Month / Day / Yr. Month / Day / Yr.

I certify member's eligibility and initiation date.

Initiation Fee: [] Paid [] Unpaid _____
Faculty Secretary Signature

The membership form, fees, and participation in an initiation ceremony are all prerequisites for membership in Omicron Delta Kappa.

LIST YOUR HONORS/ACTIVITIES UNDER APPROPRIATE HEADINGS BELOW:
(Please print.)

I. SCHOLARSHIP:

II. ATHLETICS:

III. CAMPUS OR COMMUNITY SERVICE, SOCIAL (NAME OF SORORITY OR FRATERNITY), RELIGIOUS
ACTIVITIES AND CAMPUS GOVERNMENT:

IV. JOURNALISM, PUBLICATIONS, SPEECH, AND THE MASS MEDIA:

V. CREATIVE AND PERFORMING ARTS:

